

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 7hb 4.6 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation 1HVBBAAP8XH240570 1850 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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	Signature - Criair, board or Trustees	Date
County Transportation Committee Approval as required in asserdance with Section 20 10 122 MCA	County Transportation Committee Approval as required in accordance with Section 2	0 40 422 MCA

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Date

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Signature - Chair, County Transportation Committee



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<b>Due Date</b> : All Routes		To Co Octol	ounty Supt per 1	<b>To OPI</b> October 15		Rate Per Mile \$1.57
County Name		County Number	District Nan	ne		Legal Entity Number
Missoula		32	Missoula	Co Public Schls		0583 0584
Route #	Length of Route			rvice   Bus Route Mil		Rated Capacity
1hd	12		Bus Rout	□ Non Bus Milea te Mileage	age	71
Vehicle I.D. #	License #		□ District Ow	<u> </u>	Contractor C	Dwned
XORBUAAP75B975987	4171			If so, Name of Owner E I rate per mile	Beach Trans	sportation
Reimbursement Distribution- Er	nter the legal entity		of state/county atch budget!	reimbursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0583	Legal Entity		Legal Entity	,	Legal Entit	ry
% 100.00	%		%		%	
PASSENGER INFORMATION	,,,					
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER	1	b NUMBER	ı	c a+b
Regular (include eligible Preschool/h	Kindergarten riders)	NOMBER	<u> </u>	NOMBER		415
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)	eement that would b be eligible)					
TOTAL RIDERS						
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I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees		mir are transportation ser	1.00 area assig	nios by the odding Hall	Date	
County This Application for Registration area assigned to it by the County	of School Bus and					
Signature - Chair, County Transport	ation Committee				Date	



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 12s 13 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation 1HVLPCFM7JH583247 1808 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that
<b>Due Dates</b> All Routes		To Co Octob	ounty Supt per 1	To OPI October 15		Rate Per Mile \$1.57
County Name		County Number	District Nan	ne		Legal Entity Number
Missoula		32	Missoula	Co Public Schls		0583 0584
Route #	Length of Route			rvice   Bus Route Mil		Rated Capacity
2SA	16.3		Bus Rout	□ Non Bus Milea te Mileage	age	71
Vehicle I.D. #	License #		□ District Ow	<u> </u>	Contractor C	Dwned
1HVBBPEP3PH511435	1836			If so, Name of Owner E I rate per mile	Beach Trans	sportation
Reimbursement Distribution- Er	nter the legal entity		of state/county atch budget!	reimbursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0584	Legal Entity		Legal Entity	,	Legal Entit	ry
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70			
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER	1	b NUMBER	ı	c a+b
Regular (include eligible Preschool/h	Kindergarten riders)	NOMBER	<u> </u>	NOMBER		415
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
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Signature - Chair, Board of Trustees		are transportation doi	4.04 40019	ness sy the sounty Hall	Date	
County 1 This Application for Registration area assigned to it by the County	of School Bus and					
Signature - Chair, County Transport	ation Committee				Date	



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This form is required in accordance receives state reimbursement ever					ne form for ea	ach bus route that
Due Dates:		· ·	ounty Supt	To OPI	F	Rate Per Mile
All Routes			ber 1	October 15	;	\$1.57
County Name		County Number	District Nar	me		Legal Entity Number
Missoula		32		Co Public Schls		0583 0584
Route #	Length of Route	(miles per day)	Type of Ser	rvice   Bus Route Mile  Non Bus Milea		Rated Capacity
11HB	16.8		Bus Rout	te Mileage	ige	71
Vehicle I.D. #	License #		□ District Ow		ontractor C	
1HVLPHYM8HHA10798	C892			If so, Name of Owner Edrate per mile	Beach Trans	sportation ——
Reimbursement Distribution- Enter	er the legal entity		e of state/county atch budget!	y reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0583	Legal Entity		Legal Entity	1	Legal Entity	У
% 100.00	%		%		%	
PASSENGER INFORMATION			21252		10.500	
Number of Preschool/Kindergarte this route	en pupils riding	ELEMENTARY I (Grades Pk		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBEF	₹	b NUMBER		c a+b
Regular (include eligible Preschool/Kir	ndergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related S	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., ur nonresident and no attendance agree otherwise allow nonresident riders to b	ment that would					
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	rten riders)					
TOTAL RIDERS						
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I certify that this application for re bus operates on the route as app						
Signature - Chair, Board of Trustees					Date	
County Tr This Application for Registration of area assigned to it by the County	of School Bus and	d State Reimbursement		ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transportation		ominities.			Date	



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Due Dates:		· ·	ounty Supt	To OPI	F	Rate Per Mile
All Routes		Octo	ber 1	October 15	;	\$1.57
County Name		County Number	District Nar	me		Legal Entity Number
Missoula		32		Co Public Schls		0583 0584
Route #	Length of Route	(miles per day)	Type of Se	rvice   Bus Route Mile  Non Bus Milea		Rated Capacity
11HD	17		Bus Rout	te Mileage	ige	71
Vehicle I.D. #	License #		□ District Ow		ontractor C	
1HVLPHYM8HHA10798	C892			If so, Name of Owner Edrate per mile	each Frans	sportation ——
Reimbursement Distribution- Ent	er the legal entity		e of state/county atch budget!	y reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0583	Legal Entity		Legal Entity	1	Legal Entity	У
0383						
% 100.00	%		%		%	
PASSENGER INFORMATION		T ELEMENTA DV	DIRERO	111011 0011001	NDEDO.	TOTAL
Number of Preschool/Kindergarte this route	en pupils riding	ELEMENTARY (Grades Pk		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBEF	₹	b NUMBER		c a + b
Regular (include eligible Preschool/Ki	indergarten riders)		-			5
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related S	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., u nonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderga	ement that would be eligible)					
Nonpublic School Riders (ineligible)	,					
TOTAL RIDERS						
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County Tr This Application for Registration area assigned to it by the County	of School Bus an	d State Reimbursement		ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transportat					Date	



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This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that
<b>Due Date</b> All Routes			ounty Supt ber 1	<b>To OPI</b> October 15		Rate Per Mile \$1.57
County Name		County Number	District Nan	me		Legal Entity Number
Missoula		32	Miccoulo	Co Public Schls		0583 0584
Route #	Length of Route		Type of Sei		leage	Rated Capacity
204	10			□ Non Bus Miles		74
3SA Vehicle I.D. #	18 License #		•	te Mileage	 Contractor C	71
1HVBBAAPXXH240571	1851			If so, Name of Owner E I rate per mile		
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity 0584	Legal Entit		atch budget! Legal Entity	/	Legal Entit	у
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		,,,	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY I (Grades PK	_	HIGH SCHOOL (Grades 9-2	_	TOTAL ELIGIBLE RIDERS
		a NUMBER	?	b NUMBER	2	c a+b
Regular (include eligible Preschool/l	Kindergarten riders)		•		`	
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)	eement that would be eligible)					
TOTAL RIDERS						
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I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees				, , , , , , , , , , , , , , , , , , , ,	Date	
		ommittee Approval as r				
This Application for Registration area assigned to it by the Coun	ty Transportation (		iidə DEEII TEVIEV	wed and reening that this		within the transportation
Signature - Chair, County Transport	ation Committee				Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 6HBD 18.3 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation 1HVLPHYM7HHA10808 C890 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that	
Due Dates	s·	To C	County Supt	To OPI	F	Rate Per Mile	
All Routes			ober 1	October 15		\$1.57	
County Name		County Number	District Nar	me		Legal Entity Number	
Missoula		32	Missoula	Co Public Schls		0583 0584	
Route #	Length of Route	(miles per day)	Type of Se	rvice   Bus Route Mi  Non Bus Mile		Rated Capacity	
10SD	19.4		Bus Rout	te Mileage	age	71	
Vehicle I.D. #	License #		□ District Ow		Contractor C		
XORBRAAPX4B961453	H165			If so, Name of Owner <b>I</b> d rate per mile	Beach Frans	sportation —	
Reimbursement Distribution- En	nter the legal entity		e of state/county	<u> </u>	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Entit		atch budget! Legal Entity	/	Legal Entit	у	
0583							
% 100.00	%		%		%		
PASSENGER INFORMATION	,,						
Number of Preschool/Kindergar	ten pupils riding	ELEMENTARY (Grades Ph		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
		a NUMBEI	D	b NUMBEF		c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	NOMBLI	IX.	NOWIDE	`	a + D	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	be eligible)						
Nonpublic School Riders (ineligible)	,						
TOTAL RIDERS							
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Signature - Chair, Board of Trustees  Date							
County 1 This Application for Registration area assigned to it by the Count	of School Bus an		•		•		
Signature - Chair, County Transporta					Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

	•		Scho	001 Feat 2005 - 200	0		
This form is required in accordareceives state reimbursement events.					one form for e	each bus route that	
		· ·				Rate Per Mile	
<b>Due Dates</b> All Routes			ounty Supt ber 1	<b>To OPI</b> October 15		\$1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Missoula		32	Missoula	Co Public Schls		0583 0584	
Route #	Length of Route	(miles per day)	Type of Ser	vice   Bus Route Mi		Rated Capacity	
4sb	19.6		Bus Rout	□ Non Bus Milea e Mileage	age	71	
Vehicle I.D. #	License #		□ District Ow	ned (	Contractor		
1HVBBAAPW1H413946	9656			If so, Name of Owner Elrate per mile	Beach Trar	nsportation ——	
Reimbursement Distribution- En	ter the legal entity		of state/county atch budget!	reimbursement to be pa	aid to each di	strict. Note: Percentages	
Legal Entity	Legal Entity		Legal Entity	,	Legal Ent	ity	
0583							
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar	ten pupils riding	ELEMENTARY I (Grades Pk		HIGH SCHOOL (Grades 9-7		TOTAL ELIGIBLE RIDERS	
this route		,		, h			
		a NUMBEF	?	b NUMBER		c a + b	
Regular (include eligible Preschool/	(indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
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Nonpublic School Riders (ineligible)	,						
TOTAL RIDERS							
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Signature - Chair, Board of Trustees					Date		
County 1 This Application for Registration area assigned to it by the Count	of School Bus and						
Signature - Chair, County Transporta	ation Committee				Date		



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

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1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, M1 59620-2501

School Year 2005 - 2006

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route the

To County Name	This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that
County Name   County Name   County Number   District Name   Legal Entity Number   Missoula Co Public Schls   O583 0584			· ·			F	Rate Per Mile
Missoula  Route # Length of Route (miles per day)  19.1  Length of Route (miles per day)  19.2  Length of Route (miles per day)  19.3  Length of Route (miles per mile (miles per mile (miles per mile)  19.4  Length of Route (miles per mile)  19.5  19.5  Length of Route (miles per mile)  19.5  Length of Route (m							\$0.95
Route # Length of Route (miles per day)  19.1  1	County Name		County Number	District Nam	ne		Legal Entity Number
K1	Missoula		32	Missoula	Co Public Schls		0583 0584
K1   19.1   Bus Route Mileage   18  Vehicle I.D. #   License #   District Owned   Contractor Owned	Route #	Length of Route	(miles per day)	Type of Ser			Rated Capacity
Vehicle ID. #	K1	19.1		Bus Rout		age	18
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Separation of Preschool/Kindergarten pupils riding (Grades PK-8)  Regular (include eligible Preschool/Kindergarten riders)  Legal Entity  ELEMENTARY RIDERS  HIGH SCHOOL RIDERS  FOTAL  ELIGIBLE RIDERS  C NUMBER  NUMBER  NUMBER  NUMBER  NUMBER  Regular (include eligible Preschool/Kindergarten riders)  Legal Entity  C Regular (include eligible Preschool/Kindergarten riders)  Legal Entity  Leg	Vehicle I.D. #	License #				Contractor C	Owned
Legal Entity USB 1 Control Con	XFDJE37F3THA18110	1930				Beach Trans	sportation
Legal Entity    Legal Entity   Legal Entity   Legal Entity     O583   % 100.00   %   %   %   %     Monther of Preschool/Kindergarten pupils riding this route     Regular (include eligible Preschool/Kindergarten riders)     St. Wheelchair (WC)     Sh. Wheelchair (WC)     Additional Wheelchairs (include eligible Preschool/Kindergarten riders)     St. Wheelchair (WC)     Additional Wheelchairs (WC)     Additional Wheelchairs (WC)     Additional Wheelchairs (include eligible Preschool/Kindergarten riders)     ToTAL ELGIBLE RIDERS     Ineligible Public School Riders (i.e., under 3 miles OR nonresident and not attendance agreement that would otherwise allow nonresident and not attendance agreement which would otherwise allow nonresident and not attendance agreement that would otherwise allow nonresident riders to be eligible) (include ineligible Preschool/Kindergarten riders)     TOTAL RIDERS     We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We also agree to refrain from soliciting or causing others to solicit students from onlier transportation area where the Montana Highway Patrol and the State Superintendent and to provide a licensed, qualified and approved drive to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from onlied the district, a copy of the agreement between Boards, 20-10-128(2) MCA, signed by We anderstand from the volicitions of the lowers, unless on the cruzes as district interest and transports students from outside the district, a copy of the agreement between Boards, 20-10-128(2) MCA, signed	Reimbursement Distribution- En	iter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding  (Grades PK-8)  (Grades PK-8)  (Grades 9-12)  ELIGIBLE RIDERS  TOTAL  Regular (include eligible Preschool/Kindergarten riders)  Ist Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR noresident and no attendence agreement that would otherwise allow nonresident and no attendence agreement that would otherwise allow nonresident riders to be eligible)  (Include ineligible) Preschool/Kindergarten riders)  Nonpublic School Riders (incl. under 3 miles OR noresident riders to be eligible)  (Include ineligible) Preschool/Kindergarten riders)  Nonpublic School Riders (incl. under 3 miles OR noresident and no attendence agreement that would otherwise allow nonresident riders to be eligible)  (Include ineligible) Preschool/Kindergarten riders)  Nonpublic School Riders (incligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation as defined by 2 0-10-10 in MCA.  We understand that violations of the laws, rules or regulations governing school transportation as defined by 20-10-10 in MCA.  We also agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards and provide a licenseed, qualified and approved driver to operate such vehicle as required by 20-10-103 in MCA.  We also agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school board and approved of the County Transportation Committee.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the ag	-	Legal Entity				Legal Entit	у
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding  (Grades PK-8)  (Grades PK-8)  (Grades 9-12)  ELIGIBLE RIDERS  TOTAL  Regular (include eligible Preschool/Kindergarten riders)  Ist Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR noresident and no attendence agreement that would otherwise allow nonresident and no attendence agreement that would otherwise allow nonresident riders to be eligible)  (Include ineligible) Preschool/Kindergarten riders)  Nonpublic School Riders (incl. under 3 miles OR noresident riders to be eligible)  (Include ineligible) Preschool/Kindergarten riders)  Nonpublic School Riders (incl. under 3 miles OR noresident and no attendence agreement that would otherwise allow nonresident riders to be eligible)  (Include ineligible) Preschool/Kindergarten riders)  Nonpublic School Riders (incligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation as defined by 2 0-10-10 in MCA.  We understand that violations of the laws, rules or regulations governing school transportation as defined by 20-10-10 in MCA.  We also agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards and provide a licenseed, qualified and approved driver to operate such vehicle as required by 20-10-103 in MCA.  We also agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school board and approved of the County Transportation Committee.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the ag	% 100.00	%		%		%	
Number of Preschool/Kindergarten pupils riding this route							
Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow oncresident riders to be eligible) (include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL ELIGIBLE RIDERS  Ineligible Prublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow oncresident riders to be eligible) (include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent and Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from sociliting or causing others to solicit students from other transportation areas.  We agree that if this route crosses elistic lilens and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reinbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the C		ten pupils riding					_
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2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident inders to be eligible (include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports public eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; to make such reports to the Montana Highway Patrol and the State Superintendent and County Fatrol and the State Superintendent and County Fatrol and the State Superintendent with the Montana Highway Patrol and the State Superintendent with the Montana Highway Patrol and the State Superintendent and the Jordan of Public as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation area with the school boards of both districts shall be attached to the county superintendent's copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be	Regular (include eligible Preschool/P	(indergarten riders)	NOMBER		HOMBE	`	u · b
Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or assing others to solicit students from other transportation arise and the state superintendent and two locations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from other transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in	1st Wheelchair (WC)						
Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-123, MCA.  This Application for registration of School Bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved b	2nd Wheelchair (WC)						
TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible) Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas.  We are that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  County Transportation	Additional Wheelchairs (WC)						
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	This Application for Registration	of School Bus and	d State Reimbursement ha				
	,	, ,	ommittee.			Date	



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3hb 21.4 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation 1HVBBAAP22H542185 5185 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 7<sub>bb</sub> 24.3 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation XXVLPHYM7HH485114 C897 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt.1 copy County Supt.1 copy School District

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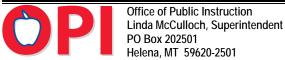


1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage K7 25.7 18 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Beach Transportation XFDJE37F7THA18112 1931 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt.1 copy County Supt.1 copy School District

School Year 2005 - 2006 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage K5 27 15 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Beach Transportation XXDSE37F7XHB58588 1339 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

Date

area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



1 copy State Supt.1 copy County Supt.1 copy School District

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Rate Per Mile

receives state reimbursement ev	ven though transpo	ortees of another le	egal entity may utilize	the services.	R	Rate Per Mile	
<b>Due Dates</b> All Routes	s:		To County Supt October 1	<b>To OPI</b> October 15	5	\$1.57	
County Name		County Number	District Nam	ne		Legal Entity Number	
Missoula		32	Missoula	Co Public Schls		0583 0584	
Route #	Length of Route	(miles per day)	Type of Ser		•	Rated Capacity	
16HBCD	27.9		Bus Rout	□ Non Bus Mile e Mileage		71	
Vehicle I.D. #	License #		□ District Ow	ned (	Contractor C		
XHVLPHYM9HH485115	C898		<ul><li>□ Contract - I</li><li>□ Contracted</li></ul>	f so, Name of Owner Errate per mile	Beach Trans	sportation —	
Reimbursement Distribution- En	ter the legal entity		entage of state/county ust match budget!	reimbursement to be p	aid to each dist	rict. Note: Percentages	
Legal Entity 0583	Legal Entity		Legal Entity		Legal Entity	1	
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergard	ten pupils riding		ARY RIDERS es PK-8)	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
		NU	a MBER	b NUMBEF	3	c a + b	
Regular (include eligible Preschool/k	(indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., Inonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS							
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Signature - Chair, Board of Trustees					Date		
This Application for Registration	of School Bus and	d State Reimburse		ordance with Section 2 wed and I certify that this			
area assigned to it by the Count Signature - Chair, County Transporta	, ,	oninillee.			Date	_	



1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Date

Signature - Chair, Board of Trustees

Signature - Chair, County Transportation Committee



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Signature - Chair, Board of Trustees	Date
County Transportation Committee Approval as required in accordance with Section 20	)-10-132 MCΔ

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Signature - Chair, County Transportation Committee	Date



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Signature - Chair, County Transportation Committee



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage **K**3 38.4 15 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Beach Transportation XFDSE35P74AB10483 4049 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordant receives state reimbursement ev					ne form for ea	ach bus route that	
Due Dates	To County Supt		To OPI	F	Rate Per Mile		
All Routes		October 1		October 15	;	\$1.57	
County Name		County Number	District Nar	me		Legal Entity Number	
Missoula		32	Missoula	Co Public Schls		0583 0584	
Route #	Length of Route	(miles per day)	Type of Se	rvice   Bus Route Miles		Rated Capacity	
12BA	40		Bus Rout	□ Non Bus Milea te Mileage	ige	71	
Vehicle I.D. #	License #			District Owned Contractor Owned			
1HVBBAAP42H542186	5186			If so, Name of Owner Bd rate per mile	Beach Trans	sportation —	
Reimbursement Distribution- Ent	er the legal entity		of state/county atch budget!	y reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		Legal Entity	/	Legal Entity	У	
0584							
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTA DV		111011 0011001 5	NDEDO.	TOTAL	
Number of Preschool/Kindergarte this route	en pupils riding	ELEMENTARY I (Grades Pk		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBEF	₹	b NUMBER		c a+b	
Regular (include eligible Preschool/Ki	ndergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
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Nonpublic School Riders (ineligible)	arten nuera)						
TOTAL RIDERS							
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bus operates on the route as app Signature - Chair, Board of Trustees							
County To This Application for Registration area assigned to it by the County	of School Bus and	d State Reimbursement		cordance with Section 2 wed and I certify that this			
Signature - Chair, County Transportar					Date		



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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that
			County Supt	To OPI	F	Rate Per Mile
All Routes			ober 1	October 15	:	\$1.57
County Name		County Number	District Nan	ne		Legal Entity Number
Missoula		32		Co Public Schls		0583 0584
Route #	Length of Route	(miles per day)	Type of Ser	rvice □ Bus Route Mi □ Non Bus Mile		Rated Capacity
1BA	43		Bus Rout	e Mileage		71
Vehicle I.D. #	License #		□ District Ow		Contractor C	
X0RBUAAP55B975986	4170			f so, Name of Owner <b>I</b> rate per mile	Beach Trans	sportation —
Reimbursement Distribution- Er	nter the legal entity		e of state/county atch budget!	reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity 0584	Legal Entity		Legal Entity		Legal Entity	у
0364						
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTARY	DIDEDO	HICH SCHOOL	DIDEBS	TOTAL
Number of Preschool/Kindergal this route	rten pupils riding	(Grades Ph	_	HIGH SCHOOL (Grades 9-		ELIGIBLE RIDERS
		a NUMBE	D	b NUMBEF	)	c a+b
Regular (include eligible Preschool/	Kindergarten riders)	NOMBL	IX.	NOWBEI	`	аты
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre						
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	o be eligible)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee.						
We agree to supervision of this be required; to provide a vehicle which	ous and bus route by t	the State Superintendent; to	o make such repor	ts to the State Superintend	ent and County S	Superintendent as are
Superintendent; and to provide a lic We also agree to refrain from sol	ensed, qualified and a	approved driver to operate s	such vehicle as red	quired by 20-10-103, MCA.	riigiiway ratiore	and the state
We understand that violations of this bus route.					olding of state ar	nd county reimbursement for
We agree that if this route crosse		•	,	1,	een Boards, 20-1	10-126(2) MCA, signed by
the school boards of both districts sl We understand route changes of					County Transpo	ortation Committee in
accordance with 20-10-132, MCA.  I certify that this application for	-			•	•	•
bus operates on the route as approved by and within the transportation Signature - Chair, Board of Trustees			ervice area assig	ned by the County Tran	sportation Con Date	nmittee.
County This Application for Registration		ommittee Approval as				
area assigned to it by the Coun	ty Transportation C		nas been leviev	voa ana roenny mat mis		maiir are transportation
Signature - Chair, County Transport	tation Committee				Date	



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Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)

Nonpublic School Riders (ineligible)

**TOTAL RIDERS** 

# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2005 - 2006

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 18sp 45 14 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Beach Transportation XXDWE35F01HB16548 9543 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** 

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 13sp 45 15 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Beach Transportation XXDSE37F0XHB39011 1338 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 14sp 45 15 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Beach Transportation XXDSE37F7XHB58588 1339 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 20sp 45 15 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Beach Transportation XFDSE35P54HB10479 4045 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Dates All Routes		To Cot	unty Supt	To OPI October 15		Rate Per Mile \$0.95
County Name		County Number	District Name	9		Legal Entity Number
Missoula	Laureth of Davida	32		Co Public Schls		0583 0584
Route #	Length of Route	(miles per day)	Type of Serv	ice ☐ Bus Route Mile	-	Rated Capacity
21sp	45		Bus Route			15
Vehicle I.D. #	License #		□ District Own		ontractor Owned	
XXDSE35P14HB10480	4046		<ul><li>☐ Contract - If</li><li>☐ Contracted r</li></ul>	so, Name of Owner Brate per mile	each Frans	sportation —
Reimbursement Distribution- En	ter the legal entity		of state/county r	eimbursement to be pa	id to each dis	trict. Note: Percentages
Legal Entity 0583	Legal Entity		Legal Entity		Legal Entity	У
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	-
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY RI (Grades PK-8	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/h	(indergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)					
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which is Superintendent; and to provide a lice. We also agree to refrain from soli We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.	We further certify that us and bus route by to meets the minimum is ensed, qualified and a citing or causing other the laws, rules or reg is district lines and trained be attached to the curring during the schegistration of school egistration of school expressions.	this bus transports pupils eligine State Superintendent; to metandards as established by the approved driver to operate sucers to solicit students from other to superintendent of the superintendent of the superintendent of the county superintendent's copy shool year require the filing of a cool bus and state reimburse.	gible for school transke such reports the Board of Public between transportation apportation will be the district, a copy of this document amended TR-1	ansportation as defined by to the State Superintende Education, the Montana Fired by 20-10-103, MCA. areas. sufficient cause for withhous of the agreement between the total and approval of the and complete to the best	20-10-101, MC/ nt and County S dighway Patrol a olding of state ar en Boards, 20-1 County Transpo	A. Superintendent as are and the State  and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
bus operates on the route as ap Signature - Chair, Board of Trustees		nin the transportation serv	ice area assign	ed by the County Trans	sportation Con Date	nmittee.
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County This Application for Registration area assigned to it by the Count Signature - Chair, County Transports	of School Bus and y Transportation C					
5 ,						



1 copy State Supt.1 copy County Supt.1 copy School District

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 22sp 45 15 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Beach Transportation XFDSE35P34HB10481 4047 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Date

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School Year 2005 - 2006 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 28SP 45 16 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Beach Transportation 1HVBBAAM8WH558712 1843 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile

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<b>Due Dates</b> All Routes			To County Supt October 1	<b>To OPI</b> October 15		\$0.95	
County Name		County Number	District Nan	ne		Legal Entity Number	
Missoula		32	Missoula	Co Public Schls		0583 0584	
Route #	Length of Route	(miles per day)	Type of Ser		•	Rated Capacity	
7sp	45		Bus Rout	□ Non Bus Milea e Mileage		18	
Vehicle I.D. #	License #		□ District Ow	· ·	ontractor C	wned	
XFDJE37F5VHA81969	1932		<ul><li>□ Contract - I</li><li>□ Contracted</li></ul>		Seach Transportation		
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Entity		ust match budget!  Legal Entity		Legal Entity	/	
0583					J		
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar this route	ten pupils riding		ARY RIDERS es PK-8)	HIGH SCHOOL F (Grades 9-1	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/h	(indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS							
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soil We understand that violations of this bus route.  We agree that if this route crosse the school boards of both districts we understand route changes of accordance with 20-10-132, MCA.	We further certify that us and bus route by t meets the minimum s ensed, qualified and a citing or causing other the laws, rules or reg s district lines and tra- tall be attached to the curring during the sc	this bus transports phe State Superintend standards as establish approved driver to opers to solicit students ulations governing scansports students from a county superintende hool year require the	pupils eligible for school telent; to make such report need by the Board of Publicate such vehicle as recifrom other transportation will be noutside the district, a cent's copy of this docume filling of an amended TR	ransportation as defined by so to the State Superintende ic Education, the Montana I juired by 20-10-103, MCA. I areas.  e sufficient cause for withhous pop of the agreement betweent.  I form and approval of the	20-10-101, MCA nt and County S dighway Patrol a solding of state an een Boards, 20-1 County Transpo	uperintendent as are nd the State  d county reimbursement for 0-126(2) MCA, signed by ritation Committee in	
bus operates on the route as ap				sportation Con			
Signature - Chair, Board of Trustees					Date		
County 1 This Application for Registration area assigned to it by the Count Signature - Chair, County Transporta	of School Bus and y Transportation C	d State Reimburse		ordance with Section 2 wed and I certify that this			



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Linda McCulloch, Superintendent

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<b>Due Dates</b> All Routes	::	<b>To Co</b> Octob	ounty Supt per 1	<b>To OPI</b> October 15	-	Rate Per Mile \$0.95
County Name		County Number	District Nan	ne		Legal Entity Number
Missoula		32	Missoula	Co Public Schls		0583 0584
Route #	Length of Route		Type of Ser	vice   Bus Route Mil		Rated Capacity
SE50	45		Buc Pout	☐ Non Bus Milea e Mileage	age	18
Vehicle I.D. #	License #	T	☐ District Ow		Contractor C	
XFDJE37F5VHA81969	1932		□ Contract - I	f so, Name of Owner E		
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages
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% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergart this route	en pupils riding	ELEMENTARY F (Grades PK		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS
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Regular (include eligible Preschool/K	(indergarten riders)	NOWBER		NOWIDEN	<b>.</b>	аты
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
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TOTAL ELIGIBLE RIDERS						
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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Signature - Chair, County Transportation Committee	Date

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 26SP 45 19 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Beach Transportation 1HVBBP3M1PH473533 1832 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0584 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

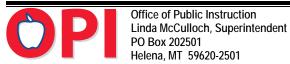


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Rate Per Mile

<b>Due Dates</b> All Routes		To Co Octob	ounty Supt per 1	<b>To OPI</b> October 15		ate Per Mile 60.95
County Name		County Number	District Nam	ne		Legal Entity Number
Missoula		32	Missoula	Missoula Co Public Schls		0583 0584
Route #	Length of Route	(miles per day)	Type of Ser	vice   Bus Route Mile	J	Rated Capacity
16SP	45		Bus Rout	□ Non Bus Milea e Mileage		20
Vehicle I.D. #	License #		□ District Ow	ned C	ontractor O	
XFDSE35F41HB65749	9141		<ul><li>□ Contract - I</li><li>□ Contracted</li></ul>	f so, Name of Owner B rate per mile	each Trans	sportation —
Reimbursement Distribution- En	ter the legal entity		of state/county tch budget!	reimbursement to be pa	id to each dist	rict. Note: Percentages
Legal Entity 0584	Legal Entity		Legal Entity		Legal Entity	,
% 100.00 PASSENGER INFORMATION	%		%		%	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY R (Grades PK-		HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS c
		NUMBER		NUMBER		a + b
Regular (include eligible Preschool/h	kindergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)					
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soil We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.	We further certify that us and bus route by t meets the minimum s ensed, qualified and a citing or causing othe the laws, rules or regrest s district lines and tra- tall be attached to the curring during the scl	this bus transports pupils eli- he State Superintendent; to not and and sa established by the superson of the standards as established by the superson of the standards are stablished by the standards are superson of the superson of the standards are superson of the superintendent's cope of the superintend	igible for school to make such report he Board of Publich vehicle as requer transportation insportation will be the district, a copy of this docume an amended TR-	ransportation as defined by 2 is to the State Superintender ic Education, the Montana H juired by 20-10-103, MCA. In areas.  e sufficient cause for withholopy of the agreement betweent.  I form and approval of the Communication is the superior of the Communication.	20-10-101, MCA nt and County S lighway Patrol a Iding of state an en Boards, 20-1 County Transpor	uperintendent as are not the State d county reimbursement for 0-126(2) MCA, signed by retation Committee in
bus operates on the route as approved by and with Signature - Chair, Board of Trustees						
organication of the control of the c					Date	
This Application for Registration area assigned to it by the Count	of School Bus and y Transportation C					
Signature - Chair, County Transporta	ation Committee				Date	



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<b>Due Dates</b> All Routes		To Cot Octobe	unty Supt er 1	<b>To OPI</b> October 15	Rat	e Per Mile 95
County Name		County Number	District Nam	е	Le	gal Entity Number
Missoula		32	Missoula	Co Public Schls	05	583 0584
Route #	Length of Route	(miles per day)	Type of Serv			ated Capacity
1SP	45		Bus Route	□ Non Bus Mileag e Mileage	e 20	)
Vehicle I.D. #	License #	]	☐ District Owr	ned Co	Contractor Owned	
XFDJE37M7RHA35919	1923		<ul><li>□ Contract - It</li><li>□ Contracted</li></ul>		Beach Transportation	
Reimbursement Distribution- En	ter the legal entity		of state/county ch budget!	reimbursement to be paid	d to each distric	t. Note: Percentages
Legal Entity 0584	Legal Entity		Legal Entity		Legal Entity	
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTARY RI	DEDS		DEDS	TOTAL
Number of Preschool/Kindergard this route	ten pupils riding	(Grades PK-8	_	HIGH SCHOOL RIDERS (Grades 9-12)		ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/K	(indergarten riders)				- 1	
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
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Signature - Chair, Board of Trustees	are transportation serv	arou assigi		Date		
County T This Application for Registration area assigned to it by the Count Signature - Chair, County Transporta	of School Bus and y Transportation C			ed and I certify that this b		thin the transportation
, , , , , , , , , , , , , , , , , , , ,						



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School Year 2005 - 2006

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Helena, MT 59620-2501

State Reimbursement
School Year 2005 - 2006

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<b>Due Dates</b> All Routes	s:		ounty Supt	<b>To OPI</b> October 15		Rate Per Mile \$1.57
County Name		County Number	District Nan	ne		Legal Entity Number
Missoula		32	Missoula	Co Public Schls		0583 0584
Route #	Length of Route	e (miles per day)		ervice   Bus Route Mileage		Rated Capacity
18HBD	51		Rus Rout	□ Non Bus Milea te Mileage	ige	71
Vehicle I.D. #	License #		☐ District Ow		ontractor C	
1HVBBNEP3LH275142	1818			If so, Name of Owner B	Beach Transportation	
Reimbursement Distribution- En	ter the legal enti		of state/county tch budget!	reimbursement to be pa	id to each dis	strict. Note: Percentages
Legal Entity 0583	Legal Ent		Legal Entity	,	Legal Entit	у
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	-
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY R (Grades PK-		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		C
Regular (include eligible Preschool/h	(indergarten riders)			NOWBER		a + b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	ement that would be eligible)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
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I certify that this application for r bus operates on the route as ap						
Signature - Chair, Board of Trustees		22		, ,	Date	
County 1 This Application for Registration area assigned to it by the Count	of School Bus a					
Signature - Chair, County Transporta	ation Committee		-		Date	



Date

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<b>Due Dates</b> : All Routes	To C	ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District Nar	ne		Legal Entity Number
Missoula						
	Length of Route	(miles per day)		Co Public Schls rvice   Bus Route Mile	eane	0583 0584 Rated Capacity
	Length of Route	(Illies per day)	Type or Ser	□ Non Bus Milea		
6BA	59		Bus Rout	te Mileage		71
Vehicle I.D. #  1HVBBAAP82H542188	License # 5188			ned C If so, Name of Owner B I rate per mile	Contractor C Seach Trans	
Reimbursement Distribution- Ent	er the legal entity		of state/county		id to each dis	trict. Note: Percentages
Legal Entity 0584	o ,		Legal Entity	Legal Enti		У
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kindergarte	en pupils riding	ELEMENTARY I (Grades Pk		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBEF	₹	b NUMBER		c a+b
Regular (include eligible Preschool/Ki	ndergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related S	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., unonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ment that would be eligible)					
TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.						
This Application for Registration of area assigned to it by the County	of School Bus and	d State Reimbursement				
Signature - Chair, County Transportat					Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage **26ss** 62 41 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned □ Contract - If so, Name of Owner Conley Transportation Inc 8131 H927 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0584 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2BA 69 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation 1HVBBAAP02H542184 5184 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0584 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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0584

#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2005 - 2006

1 copy State Supt.1 copy County Supt.1 copy School District

Legal Entity

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3НА 76.3 71 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Beach Transportation 1HVBBAAP22H542185 5185 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity

% 100.00	%	%	%	
PASSENGER INFORMATION				
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
		a NUMBER	b NUMBER	c a+b
Regular (include eligible Preschool/Kinderg	arten riders)			
1st Wheelchair (WC)				
2nd Wheelchair (WC)				
Additional Wheelchairs (WC)				
Non-WC IEP Lists Trans as Related Service	e			
TOTAL ELIGIBLE RIDERS				
Ineligible Public School Riders (i.e., under 3 nonresident and no attendance agreement otherwise allow nonresident riders to be elig (Include ineligible Preschool/Kindergarten riders)	that would gible)			
Nonpublic School Riders (ineligible)				
TOTAL RIDERS				

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

Legal Entity

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees	Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage **25SS** 80 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation 1HVBBAAP8XH240570 1850 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0584 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, County Transportation Committee



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Missoula Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2HA 136.6 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation XORBRAAP14B961454 H166 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0584 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordareceives state reimbursement e						one form for e	ach bus route that	
Due Date	s:		To C	ounty Supt	unty Supt To OPI		Rate Per Mile	
All Routes				ber 1	October 15		\$1.36	
County Name			County Number	District Nan	ne		Legal Entity Number	
Missoula			32	Hellgate	Elementary		0586	
Route #	Length	of Route	(miles per day)	Type of Sei			Rated Capacity	
10	68			Bus Rout	te Mileage	age	66	
Vehicle I.D. #	Lic	cense #		□ District Ow		Contractor (		
1GDL7T1P4RJ518430	C	621			If so, Name of Owner It rate per mile	Hellgate I ra	ansportation 	
Reimbursement Distribution- Er	nter the le	egal entity		e of state/county atch budget!	y reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Le	egal Entity		Legal Entity	/	Legal Enti	ty	
0586								
% 100.00		%		%		%		
PASSENGER INFORMATION			51 514514TABY					
Number of Preschool/Kindergar	rten pupils	s riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-2	_	TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		C	
Regular (include eligible Preschool/l	Kindergarte	en riders)	NONBLI	`	NOWBER	<b>\</b>	a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre								
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	o be eligible	e)						
Nonpublic School Riders (ineligible)		,						
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap								
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date								
Country	Transno-	tation Co	mmittee Approval so	oguirod in acc	ordance with Section 2	00-10-132 144	`^	
This Application for Registration area assigned to it by the Countries	of School	ol Bus and	State Reimbursement					
Signature - Chair, County Transport	ation Comr	mittee				Date		



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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Missoula Hellgate Elementary 0586 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2 49 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Hellgate Transportation 1GDL7T1P4TJ515888 1511 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0586 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Linda McCulloch, Superintendent

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All Routes	) <b>.</b>	Octobe		October 15		\$1.57	
County Name		County Number	District Name	)		Legal Entity Number	
Missoula		32	Hellgate El	lementary		0586	
Route #	Length of Route		Type of Servi	ce   Bus Route Mil		Rated Capacity	
8b	22		Bus Route	□ Non Bus Milea	age	72	
Vehicle I.D. #	License #		☐ District Owner		Contractor C		
1GBL7T1D2YJ504314	9600		☐ Contract - If s☐ Contracted ra	so, Name of Owner	Hellgate Tra	nsportation	
Reimbursement Distribution- En	ter the legal entity			eimbursement to be pa	aid to each dis	trict. Note: Percentages	
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2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
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I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees		are danoportation servi	ioo aroa assigire	od by the county Hall	Date		
This Application for Registration area assigned to it by the Count	of School Bus and						
Signature - Chair, County Transporta					Date		



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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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		·			F	Rate Per Mile	
Due Dates All Routes	Octob		To OPI October 15		\$1.57		
County Name		County Number	District Nan	ne		Legal Entity Number	
Missoula		32	Hellgate	Elementary		0586	
Route #	Length of Route			Type of Service ☐ Bus Route Mile		Rated Capacity	
4b	18		Rus Rout	□ Non Bus Milea te Mileage	ige	71	
Vehicle I.D. #	License #		☐ District Ow		Contractor C		
1GDL7T1B1YJ525905	H106				Hellgate Transportation		
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		tch budget! Legal Entity	,	Legal Entity	y	
0586							
% 100.00  PASSENGER INFORMATION	%		%		%		
FASSLINGER INFORMATION		ELEMENTARY R	IDERS	HIGH SCHOOL F	RIDERS	TOTAL	
Number of Preschool/Kindergar this route	ten pupils riding	(Grades PK-	8)	(Grades 9-1	2)	ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/h	Kindergarten riders)	-					
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre	ement that would						
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I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees		5.0 nansponation ool			Date		
County 1 This Application for Registration area assigned to it by the Count	of School Bus and						
Signature - Chair, County Transporta					Date		



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Due Date	es:			To OPI	R	ate Per Mile
All Route	5	Octobe	r 1	October 15	\$	61.36
County Name		County Number	District Nam	ne		Legal Entity Number
Missoula		32		Elementary		0586
Route #	Length of Route	(miles per day)	Type of Serv	vice   Bus Route Mil  Non Bus Milea	•	Rated Capacity
3b	17		Bus Route			65
Vehicle I.D. #	License #		District Owr		Contractor O	
1GDL7T1P7TJ515643	2085	☐ Contract - If so, Name of Owner ☐ Contracted rate per mile		leligate I ransportation		
Reimbursement Distribution- E	nter the legal entity	number and percentage o		reimbursement to be pa	aid to each dist	rict. Note: Percentages
Legal Entity	Legal Entity		Legal Entity		Legal Entity	,
0586						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kinderga	rten pupils riding	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER	<b>.</b>	C
Regular (include eligible Preschool	Kindergarten riders)	NOMBER		NOIVIBER	`	a + b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agr otherwise allow nonresident riders t (Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible	eement that would to be eligible) garten riders)					
TOTAL RIDERS						
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Signature - Chair, Board of Trustee		iii iiie iianspoitation servi	ue area assigi	ned by the County Tran	Date Date	mmuee.
Country	Transportation Ca	ommittee Approval as req	uirod in acca	ordance with Section (	00-10-122 MC	^
This Application for Registratio	n of School Bus and	d State Reimbursement ha				
area assigned to it by the Cour Signature - Chair, County Transpor		ommittee.			Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2005 - 2006

This form is required in accordance receives state reimbursement experience.					one form for e	ach bus route that	
		ŭ				Rate Per Mile	
<b>Due Date</b> All Routes		To Cot Octobe	unty Supt er 1	<b>To OPI</b> October 15		\$1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Missoula		32	Hellgate	Elementary		0586	
Route #	bute # Length of Route		(miles per day) Type of Service		eage	Rated Capacity	
16	10.4		☐ Non Bus Mile Bus Route Mileage		age	71	
Vehicle I.D. #	License #		☐ District Ow		Contractor (	Owned	
IGDJ6P1P1MV500499	9593			If so, Name of Owner	Hellgate Tra	ansportation	
Reimbursement Distribution- E	nter the legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0586	Legal Entity		ch budget! Legal Entity	,	Legal Entit	ty	
% 100.00	%		%		%		
PASSENGER INFORMATION		EL EMENITA DV. DI	DEDO	111011 2011001	DIDEDO	TOTAL	
Number of Preschool/Kinderga this route	rten pupils riding	ELEMENTARY RI (Grades PK-8		HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER	?	c a+b	
Regular (include eligible Preschool/	Kindergarten riders)	Nomber		NOMBER	`	415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	d Service						
TOTAL ELIGIBLE RIDERS							
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bus operates on the route as a	pproved by and wit				sportation Co		
Signature - Chair, Board of Trustee	S				Date		
County This Application for Registratio area assigned to it by the Cour Signature - Chair, County Transpor	n of School Bus and ty Transportation C						



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Helena, MT 59620-2501

State Reimbursement
1 copy
School Year 2005 - 2006

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This form is required in accordar receives state reimbursement ev					one form for ea	ach bus route that
<b>Due Dates</b> All Routes	<b>:</b>	<b>To Co</b> Octob	ounty Supt per 1	<b>To OPI</b> October 15		Rate Per Mile \$1.57
County Name		County Number	District Nam	ne		Legal Entity Number
Missoula		32	Hellaste I	Flementary		0586
Route #	Length of Route		Hellgate Elementary  Type of Service □ Bus Route Mil		leage	Rated Capacity
15a	15			□ Non Bus Mileage Bus Route Mileage		72
Vehicle I.D. #	License #	License #			Contractor C	
1GBL7T1D4YJ504122	9595		□ Contract - I	f so, Name of Owner h		
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0586 % 100.00	Legal Entity		tch budget! Legal Entity %		Legal Entit	у
% 100.00  PASSENGER INFORMATION	70		%		70	•
Number of Preschool/Kindergart this route	en pupils riding	ELEMENTARY R (Grades PK-		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER	2	c a+b
Regular (include eligible Preschool/K	(indergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., unnersident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)					
TOTAL RIDERS						
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Signature - Chair, Board of Trustees	provou by and will	min and transportation ser	noo aroa assig	nod by the County Hall	Date	
County T This Application for Registration area assigned to it by the Count	of School Bus and					
Signature - Chair, County Transporta	ation Committee				Date	



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<b>Due Date</b> All Routes		To Co Octol	ounty Supt per 1	<b>To OPI</b> October 15		Rate Per Mile \$1.57	
County Name		County Number	District Nan	me		Legal Entity Number	
Missoula		32	Hellgate	Elementary		0586	
Route #	Length of Route		Type of Ser	rvice   Bus Route Mile		Rated Capacity	
14b	10		Bus Rout	☐ Non Bus Milea Bus Route Mileage		71	
Vehicle I.D. #	License #		☐ District Ow		Contractor Owned		
1GDL7T1BOYJ525586	H107			If so, Name of Owner   I rate per mile	lellgate Tra	ansportation	
Reimbursement Distribution- Er	nter the legal entity		of state/county	reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0586	Legal Entity		Legal Entity	,	Legal Entit	ity	
% 100.00	%		%		%		
PASSENGER INFORMATION	7.0		,0				
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK		HIGH SCHOOL F (Grades 9-1	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER	1	b NUMBER		c a+b	
Regular (include eligible Preschool/l	Kindergarten riders)	NOWIDET		TVOIVIBLIX		415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
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Signature - Chair, Board of Trustees		init are transportation set	TIOU GIVE ESSIG	nios by the Sounty Hall	Date		
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			00110	-01 10a1 2000 200			
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County Name		County Number	District Nan	ne	Legal Entity Number		
Missoula		32	Potomac	Elementary		0589	
Route #	Length of Route	(miles per day)	Type of Ser	vice   Bus Route Mil		Rated Capacity	
2	30		Bus Rout	□ Non Bus Milea e Mileage	age 65		
Vehicle I.D. #	License #		□ District Ow		Contractor Owned		
1HVBBABP9SH598185	AU94			If so, Name of Owner Name In It is a second of the It is a second	Majestic Tra	avels Inc.	
Reimbursement Distribution- Er	nter the legal entity		e of state/county atch budget!	reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0589	Legal Entity		Legal Entity		Legal Entit	ity	
% 100.00	%		%		%		
PASSENGER INFORMATION	_					_	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY I (Grades PK		HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS	
			3	b NUMBER		c a + b	
Regular (include eligible Preschool/	Kindergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be be eligible)						
TOTAL RIDERS							
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This Application for Registration	of School Bus an	d State Reimbursement					
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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

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<b>Due Date</b> All Routes		To Co Octob	ounty Supt per 1	To OPI October 15		Rate Per Mile \$1.57
County Name		County Number	District Nan	ne		Legal Entity Number
Missoula		32	Bonner E	Elementary		0590
Route #	Length of Route			Type of Service ☐ Bus Route Mil		Rated Capacity
11	6.5		Bus Rout	□ Non Bus Mileage Bus Route Mileage		72
Vehicle I.D. #	License #		☐ District Ow		Contractor C	Owned
1GDL6P1F3JV517266	L204			If so, Name of Owner Name If rate per mile	Majestic Tra	ivels Inc.
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0590	Legal Entit		Legal Entity	,	Legal Entit	у
% 100.00	%		%		%	
PASSENGER INFORMATION	7.5					
Number of Preschool/Kindergal this route	ten pupils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER	ı	b NUMBEI		c a+b
Regular (include eligible Preschool/	Kindergarten riders)	NOMBER	•	NOMBEN	`	a + D
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)	eement that would be be eligible)					
TOTAL RIDERS						
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I certify that this application for bus operates on the route as application.						
Signature - Chair, Board of Trustees		and adireportation doi	area aooig		Date	
County This Application for Registration area assigned to it by the Coun	of School Bus an					
Signature - Chair, County Transport					Date	



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<b>Due Dates</b> All Routes	<b>s</b> :		ounty Supt ber 1	<b>To OPI</b> October 15		Rate Per Mile \$1.57
County Name		County Number	District Nar	ne		Legal Entity Number
Missoula		32	Bonner E	Elementary		0590
Route # Length of Route (miles per day)		(miles per day)	Type of Se	rvice   Bus Route Mil	_	Rated Capacity
1	10.7		Bus Rout	□ Non Bus Mileate Mileage	age	71
Vehicle I.D. #	License #		□ District Ow	ned C	Contractor C	
1GDL6P1F1MV501846	T86			If so, Name of Owner In the Indian It is a second of the Indian It is a se	Majestic Tra	vels Inc.
Reimbursement Distribution- En	ter the legal entity		of state/county atch budget!	y reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0590	Legal Entity		Legal Entity	1	Legal Entity	у
% 100.00	%		%		%	
PASSENGER INFORMATION	_					
Number of Preschool/Kindergart this route	ten pupils riding	ELEMENTARY I (Grades Pk		HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten riders)		HOMBE	<u> </u>	Nomber	`	4 1 2
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
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Signature - Chair, Board of Trustees	proved by and wit	min the transportation se	vice area assig	gned by the County Tran	Date Date	mmilee.
County T This Application for Registration area assigned to it by the County	of School Bus and					
Signature - Chair, County Transporta					Date	



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Missoula DeSmet Elementary 0592 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 68.8 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation ADRBUAAP358975985 4169 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0592 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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**Due Dates:** 

25

All Routes

County Name

Missoula

Vehicle I.D. #

Legal Entity

%

1st Wheelchair (WC) 2nd Wheelchair (WC)

Additional Wheelchairs (WC)

**TOTAL ELIGIBLE RIDERS** 

Nonpublic School Riders (ineligible)

**TOTAL RIDERS** 

Non-WC IEP Lists Trans as Related Service

Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)

this route

X4DRBUAAP95897998

0592

100.00

PASSENGER INFORMATION

Number of Preschool/Kindergarten pupils riding

Regular (include eligible Preschool/Kindergarten riders)

Route #

2

### **Combined School District Application** for Registration of School Bus & State Reimbursement

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

October 1

%

ELEMENTARY RIDERS

(Grades PK-8)

а

NUMBER

County Number

Length of Route (miles per day)

License #

Legal Entity

%

1838

1 copy State Supt. 1 copy County Supt. 1 copy School District School Year 2005 - 2006 Rate Per Mile **To County Supt** October 15 \$1.57 District Name Legal Entity Number DeSmet Elementary 0592 Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 71 **Bus Route Mileage** Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity % HIGH SCHOOL RIDERS TOTAL (Grades 9-12) **ELIGIBLE RIDERS** h С NUMBER a + b

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



1 copy State Supt.1 copy County Supt.1 copy School District

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Missoula Target Range Elementary 0593 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 1t-56 56 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation 1HVBBAAP1XH240569 1849 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0593 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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<b>Due Date</b> : All Routes		To Co Octob	ounty Supt per 1	<b>To OPI</b> October 15		Rate Per Mile \$1.57	
County Name		County Number	District Nan	me		Legal Entity Number	
Missoula		32	Target Ra	ange Elementary		0593	
Route #	Length of Route		Type of Ser	vice   Bus Route Mile		Rated Capacity	
2t-50A	52		Rus Rout	☐ Non Bus Mileag Bus Route Mileage		71	
Vehicle I.D. #	License #		☐ District Ow	· ·	ontractor C		
1HVBBAAPXXH240568	1848		□ Contract -	If so, Name of Owner B			
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	id to each dis	strict. Note: Percentages	
Legal Entity 0593	Legal Entity		Legal Entity	,	Legal Entit	ity	
% 100.00	%		%		%		
PASSENGER INFORMATION	70		70		70		
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL R (Grades 9-1:		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/l	Kindergarten riders)	NOWBER		NOWBER		аты	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)	eement that would b be eligible)						
TOTAL RIDERS							
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Signature - Chair, Board of Trustees		are transportation out			Date		
County This Application for Registration area assigned to it by the County	of School Bus and	d State Reimbursement h		ordance with Section 2 wed and I certify that this			
Signature - Chair, County Transport	ation Committee				Date		



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Due Dates		•	unty Supt	To OPI	F	Rate Per Mile
All Routes		Octob		October 15	;	\$1.57
County Name		County Number	District Nan	ne		Legal Entity Number
Missoula		32	Target Ra	Target Range Elementary		0593
Route #	Length of Route	(miles per day)		Type of Service ☐ Bus Route Mile		Rated Capacity
1T-56A	53		Bus Rout	□ Non Bus Milea te Mileage	age	71
Vehicle I.D. #	License #		□ District Ow	rned C	Contractor C	
1HVBBAAP1XH240569	1849			If so, Name of Owner E I rate per mile	Beach Trans	sportation
Reimbursement Distribution- En	ter the legal entity	number and percentage	of state/county	reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Legal Entity	y must ma	tch budget! Legal Entity	,	Legal Entity	у
0593						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar	ten pupils ridina	ELEMENTARY R (Grades PK-	_	HIGH SCHOOL I (Grades 9-1	_	TOTAL ELIGIBLE RIDERS
this route		,	-,	,	,	
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/k	Kindergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre						
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	be eligible)					
Nonpublic School Riders (ineligible)	arter maere,					
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. \ We agree to supervision of this b	We further certify that	t this bus transports pupils eli	gible for school t	transportation as defined by	20-10-101, MCA	۹.
required; to provide a vehicle which is Superintendent; and to provide a lice	meets the minimum s	standards as established by t	he Board of Publ	lic Education, the Montana I		
We also agree to refrain from soli We understand that violations of this bus route.	citing or causing other	ers to solicit students from oth	ner transportation	n areas.	olding of state ar	nd county reimbursement for
We agree that if this route crosse the school boards of both districts sh					een Boards, 20-1	0-126(2) MCA, signed by
We understand route changes or accordance with 20-10-132, MCA.					County Transpo	rtation Committee in
I certify that this application for r						
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date						
County 1	ransportation Co	ommittee Approval as re	quired in acc	ordance with Section 2	20-10-132, MC	A.
This Application for Registration area assigned to it by the Count			as been reviev	wed and I certify that this	bus operates	within the transportation
Signature - Chair, County Transporta					Date	



1 copy State Supt.1 copy County Supt.1 copy School District

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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Missoula Clinton Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2 BETTY 27.6 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Roy Handley 5457 C276 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0595 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile \$1.57 Legal Entity Number 0596 Rated Capacity 71 % TOTAL **ELIGIBLE RIDERS** С a + b

Date

receives state reimbursement even though transportees of another legal entity may utilize the services. **Due Dates: To County Supt** October 15 All Routes October 1 County Name County Number District Name Missoula Swan Valley Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage □ Non Bus Mileage **NORTH** 58 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned □ Contract - If so, Name of Owner Conley Transportation Inc 2379 H929 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0596 100.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) this route h NUMBER NUMBER Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement ev	en though transpo	ortees of another legal enti	ity may utilize	the services.	-	tate Per Mile	
<b>Due Dates</b> All Routes	:	To Cou Octobe	unty Supt er 1	<b>To OPI</b> October 15		\$1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Missoula		32	Seelev I :	ake Elementary		0597	
Route #	Length of Route		Type of Ser		leage	Rated Capacity	
ı	58.8		Dua Daut	□ Non Bus Mile		71	
Vehicle I.D. #	License #	Г	☐ Dus Rout ☐ District Ow	te Mileage	Contractor C		
XXXXXXXXXXXXX2274	C311	С	Contract - I	If so, Name of Owner [Itrate per mile			
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dis	rict. Note: Percentages	
Legal Entity 0597	Legal Entity		ch budget! Legal Entity		Legal Entity	/	
% 100.00	%		%		%		
PASSENGER INFORMATION	_						
Number of Preschool/Kindergart	en pupils riding	ELEMENTARY RI (Grades PK-8	_	HIGH SCHOOL (Grades 9-2		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER	?	c a+b	
Regular (include eligible Preschool/K	indergarten riders)					u . z	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., unonresident and no attendance agreotherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which in Superintendent; and to provide a lice. We also agree to refrain from solities with the word of the sunderstand that violations of the sum of	We further certify that us and bus route by to meets the minimum sonsed, qualified and actiting or causing other he laws, rules or regions district lines and travel all be attached to the	this bus transports pupils elighe State Superintendent; to matandards as established by the approved driver to operate such all the solicit students from other ulations governing school transports students from outside a county superintendent's copy	ible for school t lake such report e Board of Publ h vehicle as recer transportation sportation will b the district, a c of this docume	transportation as defined by the to the State Superintende lic Education, the Montana quired by 20-10-103, MCA. In areas. The sufficient cause for withhous opy of the agreement betweent.	v 20-10-101, MCA ent and County S Highway Patrol a olding of state an een Boards, 20-1	uperintendent as are nd the State d county reimbursement for 0-126(2) MCA, signed by	
I certify that this application for r	0				,	,	
Signature - Chair, Board of Trustees				, , , , , , , , , , , , , , , , , , ,	Date		
County T This Application for Registration area assigned to it by the Count	of School Bus and						
Signature - Chair, County Transporta		ommittee.			Date		



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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Signature - Chair, County Transportation Committee

Date

For additional information co	ontact Maxine Mougeot at 444-3096	or email mmougeot@state mt us
or additional information of	milaci maxiile moageol al +++ 0000	or ciriair minoagcor & state.mi.as



Date

1 copy State Supt.1 copy County Supt.1 copy School District

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Due Dates All Routes			County Supt ober 1	To OPI October 15		\$0.95
County Name		County Number	District Na	me		Legal Entity Number
Missoula		32	Frenchto	own K-12 Schools		0599
Route #	Length of Rout	e (miles per day)	Type of Se	ervice   Bus Route Mi		Rated Capacity
SE18A	13		Bus Rou	□ Non Bus Mile Ite Mileage	age	30
Vehicle I.D. #	License #		□ District Ov		District Own	ied
1FDXE45FX2HA28036	613			If so, Name of Owner d rate per mile		
Reimbursement Distribution- Er	nter the legal ent			ty reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Legal En		natch budget! Legal Entit	у	Legal Entit	ty
0599		•		•		
% 100.00	0/		%		%	
% 100.00  PASSENGER INFORMATION	%		70		%	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades P		HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		a NUMBE	:R	b NUMBEF	?	c a + b
Regular (include eligible Preschool/h	Kindergarten riders			THOMBE!		a i b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg, Nonpublic School Riders (ineligible)	ement that would be eligible)					
TOTAL RIDERS						
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I certify that this application for rules operates on the route as ap	registration of sc proved by and v	hool bus and state reimbo <u>vithin the t</u> ransportation so	ursement is true <u>ervice</u> area assi	and complete to the bes gned by the County Tran	st of my knowle sportation Cor	edge and belief, and the mmittee.
Signature - Chair, Board of Trustees					Date	
County 1 This Application for Registration area assigned to it by the County	of School Bus a					
Signature - Chair, County Transports	ation Committee				Date	



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Missoula Frenchtown K-12 Schools 0599 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 14A 1.4 83 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 4DRBVAARX5A975003 540 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0599 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER **NUMBER** a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and Licertify that this bus operates within the transportation

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Signature - Chair, County Transportation Committee

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us



1 copy State Supt. 1 copy County Supt. 1 copy School District

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<b>Due Dates</b> All Routes			Sounty Supt ober 1	<b>To OPI</b> October 15		\$1.80
County Name		County Number	District Nar	me		Legal Entity Number
Missoula		32	Frenchto	wn K-12 Schools		0599
Route #	Length of Route	(miles per day)	Type of Se	rvice   Bus Route Mi  Non Bus Mile		Rated Capacity
12	25.8		Bus Rou	te Mileage	aye	83
Vehicle I.D. #	License #		□ District Ow		District Own	ed
4DRBVAAR85A975002	409			If so, Name of Owner drate per mile		
Reimbursement Distribution- Er	ter the legal entity		e of state/county atch budget!	y reimbursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Legal Entit		Legal Entity	/	Legal Entit	ty
0599						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		,,			
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-7	_	TOTAL ELIGIBLE RIDERS
		a NUMBEI	R	b NUMBER	?	c a+b
Regular (include eligible Preschool/h	Kindergarten riders)					Q 1 8
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
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TOTAL ELIGIBLE RIDERS						
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Signature - Chair, Board of Trustees		·		•	Date	
County 1 This Application for Registration area assigned to it by the Count	of School Bus an					
Signature - Chair, County Transports					Date	



This form is required in accordar receives state reimbursement events.						ach bus route that
Due Dates All Routes			ounty Supt ober 1	To OPI October 15		\$0.95
County Name		County Number	District Nar	me		Legal Entity Number
Missoula		32	Frenchto	wn K-12 Schools		0599
Route #	Length of Route	(miles per day)	Type of Se	rvice   Bus Route Mi		Rated Capacity
SE 16	26.1		Bus Rou	□ Non Bus Mileate Mileage	age	16
Vehicle I.D. #	License #		□ District Ow	rned [	District Own	ed
1FDXE45FSHA73877	1124			If so, Name of Owner drate per mile		
Reimbursement Distribution- En	ter the legal entity			y reimbursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Legal Enti		atch budget! Legal Entity	/	Legal Entit	ry .
0599						
0/ 400.00	0/		0/		0/	
% 100.00  PASSENGER INFORMATION	%		%		%	
Number of Preschool/Kindergar	ten pupils riding	ELEMENTARY (Grades Ph		HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		a NUMBEI	2	b NUMBER	2	c a + b
Regular (include eligible Preschool/k	Kindergarten riders)	NOMBE		Nomber		a i b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
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Non-WC IEP Lists Trans as Related	Service					
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I certify that this application for r bus operates on the route as ap	egistration of sch proved by and wi	ool bus and state reimbuthin the transportation se	rsement is true rvice area assig	and complete to the bes gned by the County Tran	t of my knowle sportation Cor	edge and belief, and the mmittee.
Signature - Chair, Board of Trustees					Date	
County T This Application for Registration area assigned to it by the Count	of School Bus ar					
Signature - Chair, County Transporta	ation Committee				Date	



This form is required in accordance receives state reimbursement even						
<b>Due Dates:</b> All Routes			ounty Supt ber 1	<b>To OPI</b> October 15	l	Rate Per Mile \$1.57
County Name		County Number	District Nan	ne		Legal Entity Number
Missoula		32	Frenchto	wn K-12 Schools		0599
Route # Le	ength of Route	(miles per day)	Type of Service □ Bus Route Mile			Rated Capacity
10A 30	0		Bus Rout	□ Non Bus Mile te Mileage	age	72
Vehicle I.D. #	License #		□ District Ow		District Own	
1BAAHCPH63F207000	494			If so, Name of Owner I rate per mile		
Reimbursement Distribution- Enter	the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0599	Legal Entity		atch budget! Legal Entity	,	Legal Entit	ty
% 100.00	%		%		%	
PASSENGER INFORMATION	/0		/0		/0	
Number of Preschool/Kindergarten this route	pupils riding	ELEMENTARY (Grades Pr	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		a NUMBER	?	b NUMBEF	2	c a + b
Regular (include eligible Preschool/Kinde	ergarten riders)	NOMBE		NOWBEI		a 1 b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
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Non-WC IEP Lists Trans as Related Ser	vice					
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area assigned to it by the County Transportation		committee.			Date	



1 copy State Supt.1 copy County Supt.1 copy School District

School Year 2005 - 2006 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name District Name Legal Entity Number County Number Missoula Frenchtown K-12 Schools 0599 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 19 30 84 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAANCSH1RF059994 795 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0599 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER **NUMBER** a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation committee.

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Signature - Chair, County Transportation Committee

Date



This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that
<b>Due Date</b> All Routes		To Co Octob	ounty Supt	<b>To OPI</b> October 15		Rate Per Mile \$0.95
County Name		County Number	District Nan	ne		Legal Entity Number
Missoula		32	Frenchto	wn K-12 Schools		0599
Route #	Length of Route		Type of Ser		leage	Rated Capacity
SE18	28.5		Buc Pout	□ Non Bus Mileate Mileage	age	30
Vehicle I.D. #	License #		☐ District Ow		l District Own	
1FDXE45FX2HA28036	613			If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Legal Entity		tch budget! Legal Entity	,	Legal Entit	у
0599						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kindergar	ten nunils ridina	ELEMENTARY F (Grades PK	_	HIGH SCHOOL (Grades 9-7		TOTAL ELIGIBLE RIDERS
this route	Terr papils riding	(Oraco r r		,	12)	
		a NUMBER		b NUMBER	₹	c a + b
Regular (include eligible Preschool/l	Kindergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	ement that would be be eligible)					
Nonpublic School Riders (ineligible)	garteri nacis)					
TOTAL RIDERS						
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I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees		and transportation ser	vice area assig	inca by the county Hall	Date	minuto.
_						
This Application for Registration area assigned to it by the Country	of School Bus and					
Signature - Chair, County Transport	ation Committee				Date	



Date

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receives state reimbursement e						ate Per Mile
<b>Due Date</b> : All Routes		To Cot Octobe	unty Supt er 1	<b>To OPI</b> October 15	\$	61.80
County Name		County Number	District Nan	ne		Legal Entity Number
Missoula		32	Frenchtown K-12 Schools			0599
Route #	Length of Route	(miles per day)	Type of Ser	vice   Bus Route Mi	•	Rated Capacity
3	38.4			□ Non Bus Mileage Bus Route Mileage 84		
Vehicle I.D. #	License #	]	☐ District Ow	ned [	District Owner	ed
1BAANCSH4TF070168	869		<ul><li>□ Contract - I</li><li>□ Contracted</li></ul>	If so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be p	aid to each dist	rict. Note: Percentages
Legal Entity	Legal Entit		ch budget! Legal Entity		Legal Entity	,
0599						
% 100.00	%		%		%	
PASSENGER INFORMATION						_
Number of Preschool/Kindergar	ten pupils riding	ELEMENTARY RI (Grades PK-8	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
Lino route		a		b		С
Regular (include eligible Preschool/	Kindergarten riders)	NUMBER		NUMBER	₹	a + b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	eement that would be be eligible)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
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County This Application for Registration		ommittee Approval as red d State Reimbursement ha				
area assigned to it by the Count	ty Transportation (			and the second s		
Signature - Chair, County Transport	ation Committee				Date	



Date

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<b>Due Date</b> : All Routes	To County Supt October 1		<b>To OPI</b> October 15		\$1.80				
County Name		County Number District Nan		ne		Legal Entity Number			
Missoula		32 Frenchton		wn K-12 Schools		0599			
Route # Length of Route		(miles per day) Type of Ser		vice   Bus Route Mileage  Non Bus Mileage		Rated Capacity			
1	1 46.4		Bus Route Mileage		aye	83			
Vehicle I.D. # License #						strict Owned			
1BABNC0H04F215716		□ Contract - If so, Name of Owner     □ Contracted rate per mile							
Reimbursement Distribution- Er	nter the legal entity		e of state/county atch budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages			
Legal Entity 0599			Legal Entity		Legal Entity				
% 100.00	%		%		%				
PASSENGER INFORMATION						_			
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS			
		a NUMBER		b NUMBER		c a + b			
Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)									
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I certify that this application for bus operates on the route as ap									
Signature - Chair, Board of Trustees		1		, , , , , , , , , , , , , , , , , , , ,	Date				
County This Application for Registration area assigned to it by the County	of School Bus and								
Signature - Chair, County Transportation Committee					Date				



Date

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County Name		County Number District Nan		ne		Legal Entity Number			
Missoula		32 Frenchto		wn K-12 Schools		0599			
Route # Length of Route		(miles per day) Type of Ser		rvice □ Bus Route Mileage		Rated Capacity			
5 50.8			Bus Route		□ Non Bus Mileage re Mileage				
Vehicle I.D. #	License #				District Owned				
1BAANCPH91F097999		□ Contract - If so, Name of Owner     □ Contracted rate per mile							
Reimbursement Distribution- Er	nter the legal entity		of state/county atch budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages			
Legal Entity Use 1			Legal Entity		Legal Entity				
% 100.00	%		%		%				
PASSENGER INFORMATION									
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS			
		a NUMBER		b NUMBER		c a + b			
Regular (include eligible Preschool/Kindergarten riders)									
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Signature - Chair, Board of Trustees		are transportation so	4104 40019	ness by the county fruit	Date				
County This Application for Registration area assigned to it by the County	of School Bus and	d State Reimbursement		ordance with Section 2 wed and I certify that this					
Signature - Chair, County Transportation Committee						Date			